



Connecticut's Health Insurance Marketplace

ACCESS HEALTH CT VISITOR NON-DISCLOSURE AGREEMENT

Access Health CT (AHCT) maintains the highest of standards in ensuring that personal information, including Protected Health Information (PHI) or Personally Identifiable Information (PII), in our custody is properly managed and secured. In part, we do this by enforcing strict controls over both the physical and electronic security of the information and records in our custody while allowing visitors on site.

PHI is generally defined by the Health Insurance Portability and Accountability Act (HIPAA) as individually identifiable health information (e.g., health plan enrollment status, account number(s), health plan premium, medical condition(s) & treatment). PII is information that can be used to identify an individual, including but not limited to the individual's name, plus Social Security number, date of birth, government-issued identification number, or financial account number.

The American Recovery and Reinvestment Act of February 2009 imposed significant penalties for the inappropriate release of PHI.

- Civil penalties can range from \$100 to \$50,000 per violation, up to a maximum of \$1.5 million in a year.
- Individuals who knowingly obtain, disclose or sell PHI for personal gain or malicious harm may incur criminal penalties including fines and up to ten years in prison.

By signing this form, you acknowledge that:

1. You will enter and exit the AHCT site via the reception area and will be required to show photo identification and register as a visitor with the receptionist.
2. You will be issued a visitor's badge and you will be required to wear it visibly at all times while at the AHCT site.
3. You may be required to have an escort.
4. You will return the badge to the receptionist prior to departing AHCT site.
5. You will not disclose any PII or PHI that you become aware of while on any AHCT premises.
6. You are not authorized to access any client or customer information, nor any AHCT employee records.
7. You are not authorized to access AHCT computer systems unless pre-approved and limited by AHCT.
8. You are mandated by law to keep any conversations or information on documents you view private and confidential, excluding documents released to you under the Freedom of Information Act (FOIA).
9. You must not remove AHCT or client information, including but not limited to PHI or PII, from AHCT premises, excluding documents released to you under the Freedom of Information Act (FOIA).
10. If you overhear a conversation or unintentionally view a document that includes protected information, you will report this to AHCT staff or your escort immediately.

I have read the above information and understand and acknowledge that I must follow these obligations as a visitor of Access Health CT.

Visitor Signature_____ Date of Visit_____

Visitor Name Printed_____ Organization_____

Photo ID Verified by (AHCT Staff Member)_____